

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/587046

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/		/				
2		1		1			
3	2		1				
4	1		1				
5							
6	10		1				
7	6		1				
8	8		1				
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TOTAL IND.			↓	↓		↓	
TOTAL DEP.	←		13	←		←	
TOTAL CLAIMS			14				

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL IND.			↓				
TOTAL DEP.	←			←		←	
TOTAL CLAIMS							